



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

This past year, AHCCCS implemented a Web site that allows providers to check eligibility and claims information. In order to provide you the best service possible, we are conducting the following survey of AHCCCS providers.

Please complete the following survey and Fax it to (602) 253-5472 by August 29.

If you would like to sign up to use the Web, please go to <https://scertsrv.ahcccs.state.az.us> and click on "Create a New Account".

If you would like to use the Interactive Voice Response (IVR) system to verify eligibility and enrollment, you may dial (602) 417-7200 in Maricopa County and 1-800-331-5090 outside Maricopa County. The AHCCCS IVR system is a process that provides recipient eligibility verification services to AHCCCS-registered providers by phone.

1. Have you used the AHCCCS Eligibility and Claims Information web site? ☐ Yes ☐ No

If no, did you know the Web site was available? ☐ Yes ☐ No

If yes, have you used the site to check: ☐ Eligibility ☐ Claim Status ☐ Both

If yes, was your experience satisfactory? ☐ Yes ☐ No

Do you have any suggestions for improving the Web site? _____

2. Have you ever used the AHCCCS IVR system to check eligibility? ☐ Yes ☐ No

If no, did you know the IVR system was available? ☐ Yes ☐ No

If yes, was your experience satisfactory? ☐ Yes ☐ No

Do you have any suggestions for improving the IVR system? _____

3. Did you know AHCCCS offers both the Web site and IVR system to providers at no cost? ☐ Yes ☐ No

4. If you use the Web site or IVR, please estimate your approximate cost savings:

\$ _____ per month **OR** \$ _____ per year

5. I have not signed up to use the Web because: (check all that apply)

- ☐ We don't have Internet access.
- ☐ Internet access is dial-up and ties up a phone line.
- ☐ Internet access is dial-up and too slow.
- ☐ The AHCCCS site does not provide PCP.
- ☐ The AHCCCS site does not search by mother's name for newborns.
- ☐ Other _____

6. How many of your patients are covered by AHCCCS? ☐ < 20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ over 80%

Optional contact information:

Name: _____ Phone: (____) _____ Email: _____